Walthamstow Employment & Nursing Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 and 30 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a personal care and nursing care service to people in their own homes and we needed to be sure someone would be in. One inspector carried out this inspection. At the time of this inspection there were eighty people using the service.

At the last inspection, on 28 and 30 December 2016, the service was rated Good overall and we found one breach of the regulations. This was because although the provider had systems to audit the quality of the service provider, they did not always document the outcome of these checks. At this inspection we found improvements had been made in this area. The provider now documented the outcome of quality audit checks.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manager the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about safeguarding and whistleblowing procedures when they suspected abuse. The service used an electronic system to monitor if staff were late or missed a visit. Safe recruitment checks were carried out. People had risk assessments done to ensure safe care was provided and potential risks were mitigated. There were systems in place to ensure people were supported to manage their medicines safely. Staff were supplied with sufficient quantities of personal protective equipment to prevent the spread of infections.

The registered manager and staff were knowledgeable about their responsibilities around the Mental Capacity Act (2005) and the need to obtain consent from people. Staff received support with training opportunities. Support was given to staff through formal supervisions in accordance with the provider's policy but staff told us they would benefit from more frequent supervisions. The registered manager told us they offered informal supervisions to staff but these were not documented. Staff were aware of people's nutritional and hydration needs. The provider liaised with relevant healthcare professionals and supported people to maintain their health.

People and relatives thought staff were caring and respected their privacy and dignity. Staff were knowledgeable about people's care needs and preferences. Staff demonstrated awareness of equality and diversity, promoting people's dignity and maintaining independence.

Care plans were personalised and contained people's histories and preferences. Staff demonstrated awareness of providing personalised care. Complaints were dealt with appropriately and in line with the provider's policy.

The provider has systems in place to obtain feedback from people who used the service and their relatives. People who used the service, relatives and staff spoke positively about the management of the service. Staff had regular meetings to keep them updated on service development.

We have made one recommendation around supporting staff. Further information around this can be found in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service improved to Good. The provider now documented the outcome of quality audit checks to help them make improvements to the service provided. The service had a registered manager and people, relatives and staff spoke positively about the management team.

The provider had a system in place to obtain feedback from people and was planning a survey to take place early in 2018. The provider had meetings for care staff and produced a fortnightly staff newsletter. The provider also held an open day each summer for staff, stakeholders, people who used the service and their relatives. The registered manager and the home care manager kept up to date with training and changes in local care provision policy.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 30 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a personal care service to people in their own homes and we needed to be sure someone would be in. One inspector carried out this inspection. At the time of this inspection there were eighty people using the service who needed assistance with personal care.

Before the inspection, we looked at the information we already held about the service including the last inspection report and notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We contacted the local authority to obtain their views about the service.

During the inspection, we spoke with the registered manager, the home care manager and two care staff. We reviewed eight people's care records including risk assessments, care plans and medicines and eight staff records including recruitment, training and supervision. We also looked at records relating to how the service was managed including policies and procedures, staff meetings and quality assurance documentation.

After the inspection, we spoke with two care staff, one nurse, five relatives and one person who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff. Relatives also told us they felt their family member was safe with staff. One person told us they felt happy and safe with the three regular carers who visited. One relative said, "With the staff that come regularly they are no problem." Another relative told us, "Yes, I do trust them." A third relative told us, "Yes I do, otherwise I would have pulled out a long time ago."

We checked with people and relatives if the same staff visited them. One relative told us they had the same three staff and said, "The agency try to keep the same staff." Another relative told us that they had the same staff visiting in the morning but they did not consistently have the same staff visiting at other times of the day.

We also asked people and their relatives if staff ever missed visits or were late attending. Relatives told us that most of the time staff were punctual. One relative told us, "We have had the odd missed visit and on occasions they have been late but not very often." Another relative said, "Sometimes they are late but they never miss a visit." A third relative told us the regular carers were on time and never missed a call. However this relative explained that one of the regular carers had left employment and the agency had not been able to replace them so they were not currently receiving the full care package. This person had been referred back to social services so that an alternative provider could be found.

The registered manager also told us that they tried to keep staff within the same area to reduce travelling time and as far as possible people had the same staff for continuity of care. The registered manager told us this was not always possible when staff were off sick or on annual leave so alternative staff would visit in these instances. The provider had an electronic system for staff to log in by telephone when they arrived and left each visit and contained care tasks to be carried out for individual people using the service. The system alerted care co-ordinators to missed or late calls and showed staff availability so the visit could be carried out by an alternative member of staff. As an extra measure of assurance, the system used an alert to flag up time sensitive visits. When alternative staff were not available to attend to a missed or late call, a care co-ordinator attended the call themselves. We observed this was the case. This meant the provider had systems in place which were overall effective in ensuring people received the care they needed.

The provider had a policy in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Records showed that staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references in line with the provider's recruitment policy. Staff had criminal record checks carried out through the disclosure and barring service (DBS) to confirm they were suitable to work with people and these were up to date.

The provider also had a system in place to check nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration remained up to date. The NMC is the regulator for nursing and midwifery professions in the UK and ensures nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant a safe recruitment procedure was in place.

Staff were knowledgeable about safeguarding and whistleblowing procedures. One staff member told us, "Whistleblowing is if you see anything you are not happy about, like abuse, you bring it to the attention of your employers. I have the leaflet that tells you who else you can contact." Another staff member said, "First I have to report it [abuse] to my manager. If a colleague is doing something that is not right, I might talk to someone in the office, social services, district nurses, GP." A third staff member told us, "I have to phone the office to report it [abuse]. Then if I don't think they have handled it properly, I can call social services or you people [CQC]."

The provider had comprehensive safeguarding and whistleblowing policies which were detailed, clear and up to date. Records showed the local authority and CQC were notified when there was a safeguarding incident. This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments and management plans to ensure their safety. Risk assessments were detailed and included, mobility, moving and handling, skin integrity, environment and equipment within the home. For example, one person had a mobility risk assessment which indicated they lived on the ground floor due to reduced mobility and a fear of stairs and lifts. The assessment stated, "Can walk independently but mobilises with a stick. There is a wooden floor covering which becomes slippery when wet." The risk management plan contained instructions to staff which included, "Floor not to be walked on with wet feet following a shower. Inform other household members if the floor is wet for any reason. Make sure the floor is mopped and dried before walking on it." This meant the provider had taken action to mitigate the risk of harm to people who used the service.

The provider had a medicines policy which gave clear guidance to staff of their responsibilities regarding medicine administration. Records showed that staff had up to date training relating to medicine administration. People using the service who required assistance with their medicines had a medicine risk assessment which contained a list of medicines prescribed for the person; where they were stored, the dosages and times they should be taken.

Care plans also indicated who was responsible for re-ordering and collecting the medicines. Each person using the service who needed assistance with their medicines had a medicine chart as part of their care plan. This document was colour coded to inform staff at what time day the medicine was to be given and contained a section for any changes or side effects to the medicines to be documented. We reviewed the Medicine Administration Record (MAR) charts for eight people and these had been completed by staff correctly with the time of administration and there were no gaps. This meant the provider had appropriate arrangements in place for the safe management of medicines.

The provider had a comprehensive health and safety policy which included a detailed section on infection control. This section gave clear guidance to staff on how to deal with infections, the importance of hand hygiene and using personal protective equipment such as gloves and aprons. There was a supply of personal protective equipment kept at the provider's office and staff could collect these when they collected their rotas. The registered manager told us where a person required "double-up" visits (the assistance of two staff to perform a task), then gloves and aprons were kept in the person's home. This meant that there were systems in place to prevent the spread of infections.

Good

Is the service effective?

Our findings

Relatives told us staff had the skills needed to provide care to their family member. One relative told us, "The [care staff] we've got at the moment are excellent." Another relative said, "Well, it works. There's a level of competence."

Staff confirmed they had training opportunities. Training records showed staff had completed training in the Care Certificate standards of care through induction, in-house training and e-learning. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider had a training matrix which indicated the date each staff member had completed each training course and when they were due to expire. Refresher training completed was up to date and included safeguarding, moving and handling, pressure sores and medicines.

New staff completed an induction and were on probation for a period of two to six months depending on previous experience. Records showed there was a two day induction at the office which included policies and procedures, medicines, moving and handling, record keeping and health and safety. New staff then attended double handed visits with a more senior staff member and feedback was sought from people using the service before they could attend single handed visits.

Records showed that staff received support through supervisions. Topics discussed during supervisions included communication, medication awareness, training and career development. The provider's supervision procedure was for staff to have one face to face formal supervision a year. Staff confirmed they had face to face supervisions with their line manager but told us it was not as often as they would like. The registered manager told us that staff were encouraged to attend the office for informal supervision to discuss any issues or concerns they may have. However, the provider did not document these informal supervision discussions.

We recommend the provider seeks guidance and advice from a reputable source about supporting staff through regular supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA. At the time of this inspection, the registered manager told us there was nobody using the service being deprived of their liberty.

Records showed that people had signed their care plans to agree to receiving care. Staff were knowledgeable about gaining consent from people before delivering care. One staff member told us, "We have to get consent for a lot of things." Another staff member gave an example of one person who they visited and said, "Some days are better than others but you explain to her what you are going to do and she will agree to it." A third staff member told us, "I have to greet them and ask if I can come in. I have to ask what they want me to do. Yes, I have to get their consent." This meant the service had systems in place to obtain consent and was working within the principles of the MCA.

Staff confirmed they assisted people with meal preparation. One staff member told us, "The person I visit has no special dietary requirements. I give them a choice of food and do what they want." Another staff member said, "Some have diabetes so I need to be careful not to give too much sweet things." A third staff member told us, "[Person] likes to eat traditional food which the family provides and I give to them."

People who needed assistance with meeting their nutritional and hydration needs had a nutrition care plan which gave clear guidance to staff on how to provide support. Food and fluid charts were completed where appropriate. We noted one person who had an eating disorder was supported by staff to go food shopping and to divide the purchased food into daily portions. The care plan stated, "A full jug of juice should also be left out to drink each day. Milk is bought in pint size bottles weekly and frozen. One bottle can be got out [of the freezer] each day to use." The instructions to staff included ensuring there was access to fruit and a snack each day. This meant people were assisted to meet their nutritional and hydration needs.

Care plans contained guidance for staff on specific health conditions such as tracheostomy tubes and diabetes. Records showed that the provider liaised with professionals as required. For example, the provider's community outreach officer made a referral to the district nursing service for one person who had redness on their skin. Records also showed when the provider had liaised with the GP when there was a change in medicines. This meant the provider assisted people to meet their healthcare needs as required.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes I am happy with them." One relative said, "Oh definitely one hundred per cent caring, they are very kind." Another relative told us, "The carers are very good." A third relative said, "Yes, I would say they are caring."

Staff were knowledgeable about developing caring relationships with people who used the service. One staff member said, "Listen to what they say. Take time, don't rush them. Speak in a respectful manner." Another staff member told us, "First of all you need to be calm. If you are being kind with them, you give them choices and be patient with them and it makes the job much easier." A third staff member said, "Follow the care plan, try to observe what they need and what they are able to do. I explain who I am and I try to tell them what I'm going to do."

People confirmed that staff respected their privacy and dignity when they visited. Relatives also confirmed that staff respected their family member's privacy and dignity. One relative told us, "Yes, they do try." Another relative said, "I think they do [respect dignity] overall."

Staff told us how they promoted people's privacy and dignity. One staff member said, "When you are changing [person using the service], close the curtains, make sure the blind is shut, close the door. You are in their house. You are in their property. Respect it." Another staff member told us, "If we are giving personal care, we make sure the door is closed and we try to promote their dignity." A third staff member said, "Make sure the door is closed and keep the room warm." This meant people's privacy and dignity was promoted and respected.

Staff demonstrated awareness of equality and diversity issues. One staff member told us, "Whatever the ethnic origin is, we promote that." Another staff member said, "You have to respect what people are. It's not a problem and you have to respect diversity. You respect their religious wish. In some cultures people like to be washed in a certain way and we respect that." A third staff member gave an example of one person whose place of worship moved too far away for them to get to easily so the staff member helped them to find a suitable place of worship closer to their home and they were happy with the outcome.

Staff were knowledgeable about promoting people's independence. One staff member told us, "Encourage them. Praise them." Another staff member told us, "You try to encourage them to help themselves. It might take a bit of time but you try to prompt them to do a little bit more." A third staff member told us, "I always try to encourage [person] to feed herself." This meant the people's independence was encouraged and promoted.

Good

Is the service responsive?

Our findings

Staff told us how they delivered a personalised care service. One staff member told us, "You have to respect what people want because everyone is different." Another staff member said, "How the care is given, it depends on the way the person wants it." A third staff member told us, "We treat the person as an individual. The person is in the centre." This staff member explained that one of the people they visited used eye movements to communicate their needs and wishes.

Care records were personalised, contained people's histories and showed people's preferences. For example, one person's care file stated, "[Person] likes to watch television and enjoys going out shopping and regularly to the barbers. Care staff also take him out to the café for a meal and will escort him on any day trip." Each care file included the person's important information and key contact information.

Care plans included detailed instructions about personal care, nutrition, communication, medicines and timetable of support hours. For example, one person who was non-verbal had a communication care plan that stated. "Speak clearly and repeat word to [person] and give him time to understand what you are saying. Allow him to choose by using two options, he uses his eyes for yes or no. Ask him to blink or nod. Observe [person's] facial expression at all times. Look for expression of discomfort or pain." Instructions to staff also advised to seek assistance from the parent if there were any communication difficulties.

Each person had a daily log book which had recently been redesigned. The new design contained prompts for care staff including the mood of the person at the visit, what fluid was given and how much was consumed and relevant health professional reports. Care plans were reviewed six monthly and these were up to date. This meant the provider offered a person-centred care service.

Staff knew about the provider's complaints procedure. One staff member told us, "I would give them [the complainant] the information where to complain or give the family the information if they wanted it." Another staff member said, "If something is wrong or if somebody is not happy, I would call the office." A third staff member told us, "I will inform the office."

People and relatives confirmed they knew how to make a complaint. One person told us they had not been happy with the service recently and had spoken to the registered manager about this. This person told us their complaint was currently being investigated. Relatives confirmed they knew how to make a complaint. One relative told us they had made a complaint and was happy with the outcome. Another relative told us they had not had to complain but on one occasion there was a minor mishap which was dealt with appropriately.

The provider had a comprehensive complaints policy which was given to people who used the service. This information was available was available in larger print, braille and different languages if people wished this. Records showed four complaints had been made since the last inspection. For example, one complaint was that care staff had not completed behaviour charts. The response was that staff were instructed to complete the chart and shown how. The complaints log indicated the complainant was happy with the resolution. The

above showed the provider used complaints to improve the service provided.

Good

Is the service well-led?

Our findings

At the last inspection, in December 2016, we found the provider did not always document the outcome of quality checks. During this inspection we found improvements had been made. The provider had submitted an action plan which included meeting with office based staff to ensure they were able to use a centralised system to record phone calls and feedback from service users, care staff and the outreach officer. The provider's electronic system now had an alert activated to alert office based staff when deadlines were due and when records needed updating or follow-up.

A relative told us that staff from the office visited to check they were happy with the service. Records showed the provider carried out annual spot checks of staff working and these checks were also done if a person's needs changed. The spot checks looked at staff punctuality, personal appearance, politeness, respect and ability in carrying out care, knowledge and skills. The checks included speaking with the person who used the service to find out if they were happy or had concerns about the service. For example, we saw a spot check of one staff member had been done for 15 September 2017 and that no issues were identified. Logbooks and MAR charts were returned to the office each month for auditing on the electronic system and we saw these checks were up to date with no issues identified.

The service had a registered manager. Staff told us they felt supported by the management team to perform their role. One staff member told us, "Oh yes. They always listen to me. If there is a problem I like them to know there is a problem so that I get that support. [Registered manager] is alright. You can talk to him. You can talk to any of them [management team]." Another staff member said, "I am happy. If there is some problem, it's always sorted out." A third staff member told us, "To me [registered manager] is a good leader. He tries to listen to everybody if there's a problem."

People and relatives told us the service was managed well and the registered manager was approachable. One person told us they felt comfortable talking with the registered manager. A relative told us, "[Registered manager and home care manager] are very easy to talk to." Another relative told, "I speak to [registered manager] all the time." A third relative told us, "The [home care manager] is lovely. I've got nothing but praise for her. She has gone above and beyond what she had to do."

The provider had a system of obtaining feedback through a survey and the most recent survey was done in 2016 which was discussed in the previous inspection report of the visit in December 2016. We noted at the last inspection that people used the survey to make suggestions for improving the service and the provider had taken appropriate action. The provider was planning to do the next survey in early 2018 and to gather some feedback through telephone calls to people using the service and their families.

The provider also held an open day each summer and invited staff, people who used the service, relatives and representatives from social services departments to attend for food, drink and socialisation. The registered manager told us this gave people an opportunity to raise any concerns or issues.

Staff confirmed they attended meetings and found these useful. The provider held regular meetings with all

staff and topics discussed at the most recent meeting on 22 September 2017 included, palliative care, medicines, record keeping, drivers, double up visits and working extra hours. The provider also held separate regular meetings for office based staff. The topics discussed at the most recent office staff meeting on 23 September 2017 included, staff holidays, staff changing shifts, record keeping, mobile phone usage and important points to remember.

The registered manager told us that staff received a fortnightly newsletter to keep them updated on service development and to recognise staff for good performance at work. We reviewed the most recent newsletter for staff for early October 2017 and saw topics included updates to the human resources newsletter, policy changes, rotas, professional practice, employee of the month and annual leave. The above meant the provider included staff in developing the service.

The registered manager and the home care manager continued to attend the local providers' forum and external training courses to ensure they stayed up to date with local policy changes.